State of New Jersey Department of Community Affairs Bureau of Code Services P.O Box 808 Trenton, New Jersey 08625-0808 Phone (609) 292-2097

APPLICATION FOR TYPE CERTIFICATION THIS APPLICATION IS TO BE COMPLETED BY THE RIDE MANUFACTURER

Page 1 of 1

MANUFACTURER:	_
RIDE NAME:	MODEL
MAILING ADDRESS:	Phone: ()
	Cell: ()
CONTACT PERSON:	Fax: ()
	Email:
ENGINEERING REQUIREMENTS FOR Soft P	Play units:
provide all service bulletins as per N.J.A.C 5:14 ☐ Photograph or illustration of ride; ☐ \$200 application fee, MAKE CHECK PAYABLE TO ☐ \$200 Engineering review fee, MAKE CHECK PAYABLE TO	N.J.A.C. 5:14A-7, signed and sealed by a licensed st as per ASTM F 1918-98-9.1:14A-2.12(b); 3-97; the ride by notifying the department of any incident and AA-5.7; D: TREASURER, STATE OF N.J.
SIGNATURE	TITLE
PRINT	DATE
12/05	